Section B – Rating Criteria, Checklist, Application Form, Budget Forms and Letter of Agreement Template

1. Rating Criteria

The review panel will award points based on the proposal's quality and how well it conveys the information requested in the application. The review panel will answer the questions below when scoring the proposals.

Rating Criteria	Points
 Selected activities (Boxes 4 to 7) Is it clear what the outcome or product of the activities will be? (Box 4) Is it clear whom the activities will reach? Are there clear steps described to implement the activities? (Box 6) How likely is it that the steps will successfully accomplish the activities? How reasonable is the timeline? Do the activities meet community need(s) and challenges and build on community assets and opportunities? If any of the activities are not listed among those recommended in Section 7, how strong is the evidence of their effectiveness? (Box 5) Evidence can consist of published research, guidelines, a previously implemented activity that an evaluation has shown to be effective or a good theory supported by data. Are the right partners participating in the proposed activities? (Box 7) When criteria are not applicable to a specific activity, these criteria will not be applied. For example, some activities may not require partners. If multiple activities are proposed, each will be scored and the average will be used to rate the proposal. During contract negotiations, Public Health may ask the applicant to drop a low-scoring activity(ies). 	30
 2. Health inequities (Box 8) How likely is it that the activities will reduce health inequities by providing equal or greater benefits to people affected by inequities? Are features included to assure cultural appropriateness of proposed activities? How much do activities focus on communities and/or groups affected by inequities? Are features included to prevent unintended increases in inequities? For example, a policy to increase physical education requirements for all students in the county may actually increase inequities if only more affluent districts have the resources to fully implement the requirement. 	10

Rating Criteria	Points
 3. Value of investment (Box 9) How many people will the activities affect? What is the cost per person affected? What is the expected impact on community health? How does the cost compare to the size of impact? 	10
 4. Sustainability (Box 10) Will the activities have a sustained impact after the funding period? How long will the impact last? Is it clear how the impact will be sustained? 	10
 5. Organization capacity and experience (Box 11) What is the applicant's experience: Doing activities similar to the one(s) proposed? Advocating for changes in policy, systems and environments? Working in coalitions and partnerships? 	10
6. Community involvement (Box 12)How are members of affected communities involved in planning and implementing the activities?	10
 7. Feasibility of completing activity within 20 month time frame (Box 13) Are staff able to begin work right away? Do staff have adequate skills/training to implement the activities? Are organizational resources adequate to implement the activities? Are the objectives feasible? Is there evidence of policy readiness? (page 15) Are potential obstacles identified? Are there letters of agreement showing that necessary partners and stakeholders agree to participate and accept their defined roles and budgets? (page 19) 	10
 8. Letter of intent bonus (Box 1) Was a letter of intent received by April 21, 2010? 	10
Total	100

Public Health-Seattle & King County Communities Putting Prevention to Work HEAL Proposal Forms

Proposal C	Checklist
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Instructions

- Complete and sign the cover sheet on page 2 of the RFP guidance.
- Please use unreduced 12 point Arial font, 1" margins, double-spacing and observe page limits. The budget form, budget narrative, letters of agreement and evidence of policy readiness may be single-spaced. Any text exceeding the page limits will not be scored.
- Fill in blanks or replace the instructions with your own information in the boxes and tables.
- Copy and complete Box 4 Selected Activity, Box 5 Applicant-Originated (as appropriate), Box 6 Timeline and Box 7 Coordination with Partners for <u>each</u> <u>activity</u> you propose.
- Complete Box 8 Health Inequities, Box 9 Value, Box 10 Sustainability, Box 11
 Organization Experience, Box 12 Community Involvement and Box 13 Feasibility
 one time.
- Complete Box 14 Budget Form and Item 15 Budget Narrative.
- Collect "Letters of Agreement" (p 19) and "Evidence of Policy Change Readiness" for Box 13 (p 15), if needed.
- Submit your proposal via email to cppw@kingcounty.gov or by hardcopy with an original and four copies.
- Proposals must be received by Public Health before 5:00 PM on June 3, 2010.
- Late proposals or those not complying with these instructions will not be considered.

Proposals may be emailed, mailed or dropped off to:

Email: cppw@kingcounty.gov

Mail: Jeffrey Brown, Contracts, Procurement & Real Estate Services (CPRES)

Public Health-Seattle & King County

401 5th Ave, Suite 1300 Seattle, WA, 98104

Drop off: Front desk, 13th floor for hand delivered applications

The application forms, supporting health data, maps and resources are at the Public Health CPPW web site: www.kingcounty.gov/health/cppw.

APPLICATION FORM

1. Applicant information

Organization	Seattle Human Services Department-Early Learning and				
0.9aa	Family Support Division				
Director	Kip Tokuda	Title	HSD Acting Director		
Director has approved	•		<u> </u>		
Contact name	Kathleen	Title	Planner		
	Groshong				
Street address 1	700 5 th Ave 58 th fl	Street address 2			
City	Seattle	County	King		
State	WA	Zip	98124-4215		
Email 1	kathleen.groshon	Email 2	sandria.woods-		
	g@seattle.gov		pollard@seattle.gov		
Phone 1	206-684-0520 Phone 2		206-386-1148		
Web site	www.seattle.gov/hu	umanservices			
Type of applicant	School district	⊠ Local	Community		
		government	organization		
Did you submit a			4/21/2010		
letter of intent (LOI)		submitted your			
by 4/21/10?		LOI?			
Are you submitting a	☐ Yes ☐ No	If yes, who are			
coordinated		your partners?			
proposal?					

2. Focus area and population

Describe population

12,159 King County children will be reached with healthy eating/active living standards and strategies in child care, ECEAP and non-licensed afterschool programs: HSD

Comprehensive Child Care Program's (CCCP) child care subsidy sites (130 sites, 6,000 children, 669 child care subsidy children); Child Care Nutrition Program (CCNP) family child care homes (245 sites, 4,042 children); Early Childhood Education and Assistance Program (ECEAP) (12 sites, 381 children); Parks and Recreation afterschool programs (22 sites, 1286 children, 416 Parks subsidy children) and HSD-contracted non-licensed afterschool programs (7 programs, 450 children). 87% of children served by HSD subsidy, ECEAP and non-licensed afterschool programs are low-income children of

color, as are 51% of CCNP children. CCCP/Parks subsidy programs serve children at 0-300% federal poverty level (FPL); ECEAP 0-110% FPL; 90% of children in non-licensed afterschool programs are low-income; 64% of CCNP sites are near schools with 50% or more free and reduced lunch, or the providers' family income is at or below 185% of federal poverty levels. These sites were selected because low-income children children of color in HSD and Parks programs need increased access to healthy foods and increased physical activity.

Geographic Community or Communities

Ninety five (67% of all) CCNP sites are city and county focus communities. 78% of children served by HSD/Parks subsidy, ECEAP and non-licensed afterschool programs live in Delridge, Southeast Seattle and Central Seattle.

3.

Indicate if you will serve a designated focus community							
	□ Renton		⊠ SeaTac				
White Center							

Page limit for Boxes 1, 2 and 3 together is 1.5 (one page and 12 double-spaced lines).

4. Selected Activity(ies) (30 points)

Note: fill out a copy of Boxes "4. Selected Activity," "6. Timeline" and "7. Coordination with Partners" for *each* activity you are proposing.

Proposed Activity

Make healthy foods more available/unhealthy foods less available and increase children's physical activity in child care, afterschool programs and ECEAP programs.

Anticipated policy, system or environment change outcome resulting from the activity

1) Improve HSD's Comprehensive Child Care Program (CCCP) nutrition and physical activity quality standards to reflect current best practices; 2) Incorporate improved standards into program site assessments and monitoring; 3) Strengthen implementation of existing nutrition regulations in the USDA-funded Comprehensive Child Care Nutrition Program (CCNP); Wa State Dept. of Early Learning-funded Early Childhood Education and Assistance Program (ECEAP) and Seattle Parks and Recreation's licensed afterschool programs; 4) Develop new nutrition and physical activity standards for HSD-contracted non-licensed afterschool programs serving low-income children of color, immigrant and refugee children and homeless children.

What you will do to implement the activity

1) Research best practices with Public Health and the Coalition for Safety and Health in Early Learning (CSHEL); 2) Share best practices with providers in focus communities and seek provider input and feedback on strengths, challenges and support needs; 3) Draft new standards; assess for cultural and linguistic appropriateness and alignment with Seattle Public Schools' policies; pilot in 3-5 programs in focus communities; incorporate standards into HSD site assessments and contracts; 4) Train the trainer workshop from CSHEL for city staff; 5) partner with HSD Aging and Disability

Services to assess feasibility of expanding local fresh produce in child care sites.

Why you think these activities can achieve this outcome

HSD and Parks staff have existing relationships and responsibilities for monitoring program quality in focus community child care, ECEAP and afterschool programs serving low-income African American/African, American Indians/Native Alaskans, Latino/Hispanics, Pacific Islanders and immigrant and refugee children. We will continue our practice of inviting our providers to share their wisdom and experience re: their vision of health and well-being for children in their care, program strengths to build from, as well as challenges and support needs. We will explore with them the feasibility of implementing proposed standards and collectively identify creative and achievable strategies that will increase low-income children's access to healthy foods and physical activity. Our existing partnership with Seattle Public Schools will allow us to align new City standards with SPS health, nutrition and physical education policies, particularly for school-based child care and afterschool programs.

Page limit for Box 4 is 2 per proposed activity.

5. Applicant-Originated Activity

Optional:	
Are you proposing an activity that is not included in the list in Section 7?	
Yes No (if no, skip to Box 6)	
If yes, please provide evidence that shows the effectiveness of the activity	
NA	

Page limit for "Optional Box 5" is 1 per activity.

6. Timeline of steps and milestones Provide a brief description of main steps to implement activity and who (staff name or position/organization) will do them.

implement activity and	Quarters 1 to 7					Who is		
Step	7/1/10	10/1/10	1/1/11	4/1/11	7/1/11	10/1/11	1/1/12	responsible?
Review regs and	X	X						Proj. Coord,
research best								Health Dept,
practices								CSHEL
Provider input	X	X	X	X	X	X	X	Proj. Coord
Coordinate with SPS	X	X	X	Х	Х	Х	Х	Proj. Coord,
								Kathleen
								Groshong
"Train the trainer"				Х	Х			Proj. Coord,
workshop-City staff								Health, CSHEL
Draft and finalize new				Х	Х			Proj. Coord, City
standards; pilot in 3-5								staff, providers
programs.								
Implement standards				Х	X	Х	X	City staff,
in programs								providers
Implement standards						Х	X	City staff,
in contracts								providers
Coordinate with ADS							X	Proj. Coord,
healthy foods project								Kathleen
								Groshong

Page limit for Box 6 is 1.

7. Coordination with partners, collaborators and/or subcontractors

Partners

The project coordinator will convene an inter-departmental staffing group of HSD/Parks staff and will also collaborate with CSHEL, Health Dept, providers and SPS.

Partner	Partner Staff	Role	Relationship
Seattle Parks	Lori Chisholm,	Department and ARC Leads	Collaborator with
and Recreation	Parks Manager	for planning and	independent funding
Department and	of Out-of-School	implementing Parks and	
Associated	Time Programs;	Recreation/ARC standards in	
Recreation	Jean Kasota,	afterschool programs.	
Council (ARC)	School-age		
	Programs		
	Director		
Coalition for	Danette Glassy,	Provide "Train the trainer"	Collaborator
Safety and	M.D.	workshop for City staff,	
Health in Early		curriculum development and	
Learning-		provider training.	
CSHEL (UW,			
Child Care			
Resources,			
School's Out WA			
and others)			
Health Dept	Adrienne Dorf,	Provide project consultation	Collaborators
	nutritionist and	and technical expertise	

	child care health		
	team		
CCCP and	Varies	Provide input and feedback;	Collaborators
afterschool		3-5 sites will pilot draft	
Providers in		standards; review standards	
focus		for cultural and linguistic	
communities		appropriateness; identify	
		implementation strategies.	
Seattle Public	Susan Hall, SPS	Ensure standards are	Collaborators
Schools' Office	Community	aligned with SPS nutrition	
for Community	Alignment	and PE standards and	
Learning	Initiative Lead	curricula. Provide linkages	
		with district resources for	
		project.	
HSD Aging and	Rosemary	Help HSD expand the "fresh	Collaborator
Disability	Cunningham,	healthy produce" project to	
Services (ADS)	Planning	child care/afterschool	
"fresh local	Manager	programs.	
produce" project			

Page limit for Box 7 is 2.

8. Health inequities (10 points)

How activity(ies) will reduce health inequities

According to Health Department data, the groups most affected by health inequities are low-income African Americans/Africans; Native Americans, Latinos, Pacific Islanders and immigrant communities. 98% of children served by CCCP/Parks subsidy, ECEAP, and non-licensed afterschool programs are low-income. 78% of children served in above programs live in City focus communities. Based on available data, 33% of children are African American, 3% are American Indian, 21% are Latinos, 18% are Asians, 12% are multi-racial, and 13% are white. 61% of ECEAP children and 65% of children in nonlicensed afterschool programs are learning English as a second language. In the CCNP program, 49% are white, 24% are Af. Amer, 13% are multi-racial, 7% are Asian and Pacific Islander, 6% are Latino and 1% are American Indian. "Recent studies suggest a relationship between childhood overweight and obesity and time spent in child care" (Benjamin SE, BMC Public Health, May 30, 2008). We will engage our providers as well as the African American and Latino Child Care Task Forces members and City Race and Social Justice Initiative resources to ensure that the nutrition standards developed by this project are culturally and linguistically appropriate and result in low-income children's increased access to healthy food and physical activity in child care/afterschool programs. Strategies for increasing access to healthy foods and increased physical activity will need to be affordable, given that many of our providers serving greater numbers of DSHS subsidy children have limited incomes due to lower child care reimbursement rates.

Page limit for Box 8 is 1.

9. Value of investment (10 points)

Number of people affected by activity

12,159 children in 416 programs in Seattle and King County will be affected through this \$73,000 investment, which is also matched by in-kind contribution of \$54,164 from HSD. The child count is based on HSD and Parks program and contract reports. The impact of this activity will reach across the city and county through HSD and Parks programs. We will design enhanced consultation and outreach for providers in focus communities to ensure that healthy food/physical activity strategies are implemented in programs serving low-income children of color and that providers have the support they need to be successful in increasing low-income children's access to healthy foods and physical activity.

Page limit for Box 9 is 0.5 (12 lines double-spaced).

10. Sustainability (10 points)

How activity will have a lasting impact after funding ends in March 2012

Providers will continue to make healthy foods more available and unhealthy foods less available for children with increased physical activity after March 2012. New quality standards will be incorporated into CCCP site assessments and non-licensed afterschool program contracts. City staff's monitoring of new and existing regulations will be strengthened through best practices research and training. After funding ends, HSD and Parks staff will continue to provide on-site consultation on nutrition and physical activities during program site visits. HSD's contracts with Child Care Resources, School's Out Washington and Health Department will include continued training and on-site consultation on the improved nutrition and physical activity standards. HSD planner Kathleen Groshong will continue the ADS "healthy local produce" project after 3/12 if the project is feasible.

Page limit for Box 10 is 0.5 (12 lines double-spaced).

11. Organization capacity and experience (10 points)

Past experience doing similar activities

HSD has 38 years experience contracting with programs to provide CCCP child care subsidies for low-income children and program grants in Seattle, with many sites in Delridge, Central and Southeast Seattle and is responsible for quality assurance policy-setting and monitoring. HSD has sponsored CCNP for 37 years and ECEAP for 22 years with consistently good reviews from state OSPI and DEL auditors. CCNP has also partnered with UW Center for Public Health Nutrition food quality/costs studies and projects to reduce children's TV watching/increase activity in child care. Seattle Parks and Recreation has provided school-age care for 25 years and has been licensed for seven years. HSD and Parks staff also participate in state-level policy-making bodies such as development of the State Department of Early Learning plan and proposed revisions to the state afterschool program regulations.

Training and skills of proposed staff							
Name	Title	Skills	Training				
Sandria Woods-Pollard	Manager	20 yrs. exp.	M.Ed.				
Carol Cartmell, Sharon Ruddy,	CCNP Lead/	15-20 yrs.	Registered Dietitian;				
Gini Gaffield and Jean Allen	monitors		BS Home Econ, BS				
			Food and Nutrition,				
			STARS Trainer				
Kathleen Groshong	Planner	17 yrs. exp.	BSW				
Randi Solinsky, Debra	Specialists	20+ yrs each	M.Ed., BA, BA, MA				
Kinsey, Suzette Espinoza							
Cruz, Lauren Lee							

Debbie Lee, Carrol Ann	ECEAP lead,	20+ yrs each	MA, MA, M.Ed
Leonard, Bill Sanders	Specialists		
.Jean Kasota	ARC School-age	20+ yrs.	M.Ed.
	Programs Dir.		
Lori Chisholm	Parks Out of	20 yrs	BS, K-12 Ed: PE and
	School Time		Special Ed
	Mgr.		

Organizational resources available for carrying out proposed work

HSD has available space, computer, fiscal/accounting systems, and experience in hiring staff and collecting and reporting required fiscal and program information.

Experience and capacity for working in partnerships and coalitions

The project coordinator will participate in the CPPW coalition meetings, with involvement from Sandria Woods-Pollard, Carol Cartmell and Kathleen Groshong as needed.

Coalition or partnership	Role	Years in which participated
African American, Latino and LGBTQ Child	Founders/members	1990-present
Care Task Forces		
Seattle Public Schools' Learning Partners	Founder/members	2000-present
Refugee and Immigrant Parent Advis. Network	member	2000-2005
HSD/ Parks Race and Social Justice Initiative	Chair/members	1995-present
Parks Childhood Obesity and Be Active Project	member	2008-present
Wa. Rec and Parks Association-Health Lead	members	2008-present
WAEYC; Wa. Afterschool Network	members	1995-present

Page limit for Box 11 is 2.

12. Community involvement (10 points)

Prior experience with each community selected

City staff are very involved with focus communities included in this proposal, both through program monitoring/contracting responsibilities and through community advocacy groups. 54% of HSD staff included in application are people of color (African American, Asian and Latina) and two are bilingual (in Spanish and Chinese).

Community involvement

HSD planner Kathleen Groshong met with HSD and Parks program staff listed in proposal to request their participation in the project and to receive their feedback for the grant application. We did not have time to involve providers in preparing this application; however, City staff shared their experiences of the strengths and challenges that providers in focus communities bring to this project. Kathleen also met with CSHEL members to coordinate planning for the grant and the model policies crosswalk. Sandria Woods-Pollard, Carol Cartmell and Kathleen Groshong met with Rosemary Cunningham (HSD ADS) to plan inclusion of HSD child care programs in the "healthy local produce" project. HSD and Parks staff will conduct outreach to focus community providers through personalized consultation via site visits, small group meetings and existing department childcare listservs and e-newsletters.

Page limit for Box 12 is 1.

13. Feasibility of completing activity within 20 months (10 points)

Planner Kathleen Groshong and Project Manager Sandria Woods-Pollard will begin implementing project activities immediately upon notification. The .5 position has been requested internally and office space, telephone and computer are ready to go at HSD. The 20 month time frame is feasible because the project is an enhancement of our existing infrastructure of program monitoring and because of our history of community engagement with providers of color serving low-income children. Potential obstacles: Providers will need culturally and linguistically appropriate materials and coaching support to help them meet the new standards, which we will provide. Implementation tools will need to be easy for the providers to understand and use that can also be easily integrated with other areas of program curricula (i.e. children's language and math development, social skills, fine and large motor skills). CCNP staff will add information about healthy foods/physical activity to their in-home visits with family child care providers three times a year. Materials in home languages will be needed for our Somali, Vietnamese and Latino providers. Providers will need access to affordable healthy fresh fruits and vegetables-the goal of our partnership with HSD ADS farm-to-table project is increased affordable food access for providers.

Page limit for Box 13 is 1.

14. Budget Form

Row				Requested, 7/18/10 to 3/18/12
	Positions			
1	Name or job title	Salary	Fringe	
2	.5 Sr. Grants and	\$47,416	\$15,868.54	\$63,284.54
	Contracts Specialist			
3	Consultant costs			\$0
4	Supplies			\$1,305.00
5	Equipment			\$0
6	Travel			\$1,305.00
7	Sub-contracts			\$0
8	Other			
	Telephone, internet			\$1003.84
	Postage, deliveries			\$87.00
	Printing, copying			\$581.48
	Rent, utilities			\$0
	Other:			\$0
9	Subtotal			\$67,566.86
10	Indirect (lesser of 20% or FNIR)			\$ 5,433.14
11	Grand total			\$73,000.00

15. Budget Narrative Instructions

Row 1. Salaries: A .5 Senior Grants and Contracts Specialist will be hired to coordinate the project. The salary was calculated at the lowest Sr. Grants and Contracts Specialist level in 2010 (\$26.79/hr) and assumed 2% increase for 2011 and also 2% increase in 2012. This position includes coordinating all project planning, input and feedback from providers, convening the inter-departmental

staffing group, coordination with CSHEL/Parks, coordination with and reporting to the Public Health Department, project evaluation and other duties.

- **Row 2. Fringe benefits:** The .5 position will receive City of Seattle fringe benefits (health insurance, dental insurance, etc.) of 33.08% for 2010, 33.63% for 2011 and 33.63% for 2012.
- **Row 3. Consultants:** There are no project consultants in budget.
- **Row 4. Supplies:** General office supplies will be used by the project coordinator to carry out daily activities of the program. Funds will also be used for curriculum materials for providers.
- **Row 5. Equipment:** There are no equipment expenses in the budget.
- **Row 6. Travel:** The Project Coordinator will make an estimated 5 trips per month at an average of 20 miles@.50 per mile (20 x 5 = 100) to local sites to engage community providers and community partners and will also access city motor pool cars.
- Row 7. Sub-contracts: There are no subcontract expenses in the budget.
- **Row 8. Other:** Telephone costs of \$1003.84 are estimated at \$50 per month or \$11.54 per week. Printing/copying costs of \$583.77 assume \$.10 per page for 5,838 pages for meeting and provider materials. There is no rent charged to the budget.
- **Row 10. Indirect:** The Seattle Human Services Department Early Learning and Family Support Division's indirect rate is 7.72% for 2010; 8.16% for 2011 and is estimated at 8.16% for 2012.

Please report in-kind resources in your budget narrative.

In-kind resources

From other sources:

• HSD Early Learning and Family Support Division will contribute a total of \$54,163.72 of division staff time to this project. This includes 168 hours-8 hours per month- of Project Manager Sandria Woods-Pollard, Manager of ELFS Early Learning and Education Programs; 128 hours-6 hours per month- of Planner Kathleen Groshong; 88 hours each for Nutrition Lead Carol Cartmell and seven specialists for monthly meetings, train the trainer workshop and implementation of new standards; 68 hours for an additional four staff for the same activities and 40 hours of administrative support. In addition, the project evaluation will have access to an HSD epidemiologist under contract with the Health Department (Susan Kinne).

Budget narrative page limit is 3.